

CLAIM FOR COMPENSATORY DAMAGES (SF-95)

2024 FEB -9 PM 12: 10

Thomas Humphrey <thomasehumphrey@gmail.com>

Wed, Aug 9, 2023 at 2:16 AM

To: douglas.county.pa@prosecutors.mo.gov, policechief@avamissouri.org, cvc@dps.mo.gov, CVSU@dps.mo.gov
Cc: ANPC Orders <anpcorders@gmail.com>, americannationals@gmail.com, ANPC Int <anpcid18@gmail.com>, ANPC <anpcministries@gmail.com>**Attn. Matthew Weatherman, Prosecuting Attorney**

I am seeking compensatory damages for personal injury caused by the tortious conduct of the Douglas County Prosecuting Attorney.

The applicable provisions of the Federal Tort Claims Act [28 U.S.C. §§ 1346(b), 2401(b), 2671, et seq.] provide for the payment of claims which arise from the negligent or wrongful act or omission of an employee of the Federal Government while acting within the scope of his or her employment, under circumstances where the United States, if a private person, would be liable to the claimant in accordance with the law of the place where the act or omission occurred.

The FTCA affords the Government six months from the date a completed tort claim is received by the responsible federal agency, to administratively adjudicate the claim before a claimant can institute a civil action [28 U.S.C. § 2675(a)].

Respectfully,

Thomas Humphrey
thomasehumphrey@gmail.com
617.835.9319

Private Identification

<https://photos.app.goo.gl/Apd9D8TRf8EyjzTa6>

PLEASE SEE EXHIBITS A-E IN GOOGLE FOLDER BELOW

https://drive.google.com/drive/folders/1Djiwb-1CKsrEspeQHqS37A7CXH2Zuw8e?usp=drive_link

6 attachments

 **CLAIM FOR DAMAGES (SF-95).pdf**
149K

 **BASIS OF CLAIM (Signed).pdf**
579K

 **Douglas County Prosecuting Attorney Incident.pdf**
98K

 **Citation # 200541718.PDF**
609K

 **Citation # 200541719.PDF**
581K

 **ANPC Notices.pdf**
50K

CLAIM FOR COMPENSATORY DAMAGES (SF-95) 

Thomas Humphrey <thomasehumphrey@gmail.com>
to douglas.county.pa, policechief, cvc, CVSU, ANPC, americannationals, ANPC, ANPC

Aug 9, 2023, 2:16AM



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https://drive.google.com/drive/folders/1Dj1wb-1CKsrEspeQHqS37A7CXH2Zuw8e?usp=drive_link

7 Attachments • Scanned by Gmail 



[PDF](#) CLAIM FOR DAM...

[PDF](#) BASIS OF CLAIM (...)

[PDF](#) Douglas County P...

[PDF](#) Citation # 200541...

[PDF](#) Citation # 200541...

[PDF](#) ANPC Notices.pdf

2024 FEB - 9 PM 12:10
INQ DRUGS DRUGS
DRUGS DRUGS DRUGS

 EXHIBITS A-F

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? Yes No 17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).
N/A

19. Do you carry public liability and property damage insurance? Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). No

INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.

C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

FILED
IN CLERK'S OFFICE

Douglas County Prosecuting Attorney Incident

2024 FEB -9 PM 12:11

Illegal arrest 08/09/2021

<https://www.facebook.com/100010635219468/videos/871541737090546/>

<https://www.instagram.com/tv/CSaAbSoAZnQ/?igshid=MzRIODBiNWFIZA==>

Good Faith Public Post/Notice

https://www.facebook.com/permalink.php?story_fbid=pfbid02mhjjF1i8ahxxtr3eyqmtsZdwAQS_NrrmmmVkpjthPngUmDrKf3c84KAG4VbYNTpDYI&id=100010635219468



ORI. NO. MO00340100
AVA POLICE DEPARTMENT

No. 200541718

UNIFORM CITATION

STATE OF MISSOURI IN THE CIRCUIT COURT OF COURT ADDRESS (STREET, CITY, ZIP)		DOUGLAS COUNTY		DIVISION
P.O. BOX 249 • 203 E. LINCOLN AVE. • AVA, MO 65608				
COURT DATE <i>10-06-2021</i>		COURT TIME <i>1:00</i>	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM (417)	COURT PHONE NO. <i>683-4713</i>
I, KNOWING THAT FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY LAW, STATE THAT I HAVE PROBABLE CAUSE TO BELIEVE THAT:				
ON/ABOUT (DATE)	AT TIME HRS	HWY CLASS	UPON/AT OR NEAR (LOCATION)	
WITHIN CITY/COUNTY AND STATE AFORESAID,				
NAME (LAST, FIRST, MIDDLE)				
STREET ADDRESS				
CITY			STATE	ZIP CODE
DATE OF BIRTH	RACE	SEX	HEIGHT	WEIGHT
DRIVER'S LIC. NO. <i>10-06-2021</i>			CDL <input type="checkbox"/> YES <input type="checkbox"/> NO	STATE <i>Missouri</i>
EMPLOYER				
ADDRESS (STREET, CITY, STATE, ZIP)				
DID UNLAWFULLY		<input type="checkbox"/> OPERATE/DRIVE	<input type="checkbox"/> PARK	<input type="checkbox"/> C.M.V. <input type="checkbox"/> WITH HAZ MAT
V E H I C L E	YEAR	MAKE	MODEL	STYLE COLOR
	REGISTERED WEIGHT	LIC	NUMBER	STATE YEAR
DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE. THE FACTS SUPPORTING THIS BELIEF ARE AS FOLLOWS:				
<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>				
<input type="checkbox"/> Subject taken into custody. (Complete "For Issuance of a Warrant" section on reverse side.)				
DRIVING MPH	POSTED SPEED LIMIT MPH	DETECTION METHOD <input type="checkbox"/> STATIONARY RADAR <input type="checkbox"/> WATCH (AIR) <input type="checkbox"/> PACE <input type="checkbox"/> MOVING RADAR <input type="checkbox"/> WATCH (GROUND) <input type="checkbox"/> OTHER		
IN VIOLATION OF: STATUTE/ORDINANCE - CHARGE CODE <input type="checkbox"/> RSMo <input type="checkbox"/> ORD.				
SEAT BELT VIOLATION: STATUTE/ORDINANCE - CHARGE CODE <input type="checkbox"/> RSMo <input type="checkbox"/> ORD.				
<input type="checkbox"/> IN FATAL CRASH <input type="checkbox"/> IN CRASH <input type="checkbox"/> DWI/BAC		OCN		
OFFICER		BADGE	TRP/ZONE	DATE <i>10-06-2021</i>
ON INFORMATION, UNDERSIGNED PROSECUTOR CHARGES THE DEFENDANT AND INFORMS THE COURT THAT ABOVE FACTS ARE TRUE AND PUNISHABLE BY:				<input type="checkbox"/> RSMo <input type="checkbox"/> ORD.
PROSECUTOR'S SIGNATURE			DATE	
I PROMISE TO DISPOSE OF THE CHARGES OF WHICH I AM ACCUSED THROUGH COURT APPEARANCE OR PREPAYMENT OF FINE AND COURT COSTS.				DR. LIC. <input type="checkbox"/> YES <input type="checkbox"/> NO
SIGNATURE X				

MO 100-0051 (2-15) 8751-20

Elkins-Swyers Co., Springfield, Mo. - Form 1298

VIOLATOR'S COPY



ORI. NO. MO00340100
AVA POLICE DEPARTMENT

No. 200541719

UNIFORM CITATION

STATE OF MISSOURI IN THE CIRCUIT COURT OF COURT ADDRESS (STREET, CITY, ZIP)		Douglas County Division		
P.O. BOX 249 • 203 E. LINCOLN AVE. • AVA, MO 65608				
COURT DATE <i>10-06-2021</i>	COURT TIME <i>1:00</i>	□ AM <input checked="" type="checkbox"/> PM (417) 683-4713		
I, KNOWING THAT FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY LAW, STATE THAT I HAVE PROBABLE CAUSE TO BELIEVE THAT:				
ON/ABOUT (DATE) HRS	AT TIME HRS	HWY CLASS UPON/AT OR NEAR (LOCATION)		
WITHIN CITY/COUNTY AND STATE AFORESAID,				
NAME (LAST, FIRST, MIDDLE)				
STREET ADDRESS				
CITY		STATE ZIP CODE		
DATE OF BIRTH	RACE	SEX HEIGHT WEIGHT		
DRIVER'S LIC. NO.		CDL <input type="checkbox"/> YES <input type="checkbox"/> NO	STATE	
EMPLOYER				
ADDRESS (STREET, CITY, STATE, ZIP)				
DID UNLAWFULLY		□ OPERATE/DRIVE □ PARK	□ C.M.V. □ WITH HAZ MAT	
V E H I C L E	YEAR	MAKE	MODEL	
	REGISTERED WEIGHT	LIC	NUMBER	STYLE COLOR
STATE				YEAR
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IN VIOLATION OF: STATUTE/ORDINANCE – CHARGE CODE <input type="checkbox"/> RSMo <input type="checkbox"/> ORD.				
SEAT BELT VIOLATION: STATUTE/ORDINANCE – CHARGE CODE <input type="checkbox"/> RSMo <input type="checkbox"/> ORD.				
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I PROMISE TO DISPOSE OF THE CHARGES OF WHICH I AM ACCUSED THROUGH COURT APPEARANCE OR PREPAYMENT OF FINE AND COURT COSTS.				DR. LIC. <input type="checkbox"/> POSTED <input type="checkbox"/> YES <input type="checkbox"/> NO
SIGNATURE X				

MO 100-0051 (2-15) 8751-20

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UNIFORM CITATION

No. 200541718

STATE OF MISSOURI DIVISION
IN THE CIRCUIT COURT OF DOUGLAS COUNTY

COURT ADDRESS (STREET, CITY, ZIP)
P.O. BOX 249 • 203 E. LINCOLN AVE. • AVA, MO 65608

COURT DATE 10-06-2021 COURT TIME 7:00 AM COURT PHONE NO. 683-4713
 PM (417)

I, KNOWING THAT FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY LAW,
STATE THAT I HAVE PROBABLE CAUSE TO BELIEVE THAT:

ON/ABOUT (DATE) 8/23/2021 AT TIME 7:00 AM HWY CLASS 1 UPON/AT OR NEAR (LOCATION)
HRS

WITHIN CITY/COUNTY AND STATE AFORESAID,

NAME (LAST, FIRST, MIDDLE)

STREET ADDRESS

CITY 1172 STATE MO ZIP CODE 65608

DATE OF BIRTH 7/23/2000 RACE 3 SEX M HEIGHT 5'0" WEIGHT 170

DRIVER'S LIC. NO. 5003510213 CDL STATE MO
 YES NO

EMPLOYER

ADDRESS (STREET, CITY, STATE, ZIP)

DID UNLAWFULLY OPERATE/DRIVE PARK C.M.V. WITH HAZ MAT

VEHICLE YEAR MAKE MODEL STYLE COLOR

REGISTERED WEIGHT LIC NUMBER STATE YEAR

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DRIVING MPH POSTED SPEED LIMIT MPH DETECTION METHOD
 STATIONARY RADAR WATCH (AIR) PACE
 MOVING RADAR WATCH (GROUND) OTHER

IN VIOLATION OF: STATUTE/ORDINANCE - CHARGE CODE

RSMo 564.8-2102157
 ORD.

SEAT BELT VIOLATION: STATUTE/ORDINANCE - CHARGE CODE

RSMo

ORD.

IN FATAL CRASH IN CRASH DWI/BAC

OFFICER BADGE TRP/ZONE DATE

ON INFORMATION, UNDERSIGNED PROSECUTOR CHARGES THE DEFENDANT AND
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 RSMo
 ORD.

PROSECUTOR'S SIGNATURE

DATE

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APPEARANCE OR PREPAYMENT OF FINE AND COURT COSTS.

SIGNATURE X

MO 100-0051 (2-15) 8751-20

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IN THE CIRCUIT COURT OF DOUGLAS COUNTY

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NAME (LAST, FIRST, MIDDLE)

STREET ADDRESS

CITY 1172 STATE MO ZIP CODE 65608

DATE OF BIRTH 7/23/2000 RACE 3 SEX M HEIGHT 5'0" WEIGHT 170

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EMPLOYER

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 RSMo
 ORD.

PROSECUTOR'S SIGNATURE

DATE

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APPEARANCE OR PREPAYMENT OF FINE AND COURT COSTS.

SIGNATURE X

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VIOLATOR'S COPY

2024 FEB - 9 PM 12:12

FILED
INCLERK'S OFFICE

ANPC Charter, Treaty and INTERNATIONAL NOTICE

https://www.americannationals.org/_files/ugd/c5ca82_aacd68193d7746efa21b68c9d27ba434.pdf?index=t_rue

ANPC PEACE OFFICERS NOTICE

https://www.americannationals.org/_files/ugd/c5ca82_caf69bc1f9e54538ae19ef62da459944.pdf

NOTICE of Private Members Assoc. Exceptions

https://www.americannationals.org/_files/ugd/c5ca82_db901f98e88a474fbff5ee3b98768d32.pdf

FILED
IN CIRCUIT CLERK'S OFFICE
FEB 9 2024

2024 FEB - 9 PM 12:12

RECEIVED
2024 FEB -9 PM 12:10

AFFIDAVIT OF NON-RESPONSE

STATE OF Massachusetts
COUNTY OF Suffolk

KNOW ALL MEN BY THESE PRESENTS, that on this day, before me, a Notary Public, personally came and appeared Thomas Humphrey, as Affiant, who after being first duly affirmed, stated:

1. My name is Thomas Edward Humphrey. I am over the age of eighteen years. I have personal knowledge of the facts stated below.
2. As of date, 02/09/2024, I have not received any written response to the document(s) I E-mailed on date 08/09/2023 to the person(s) named below. The document(s) were E-mailed and the delivered on: 08/09/2023
3. The person(s) and their respective, addresses are as follows:

Recipient Name Matthew Weatherman, Prosecuting Attorney

Recipient address 203 E Lincoln Ave

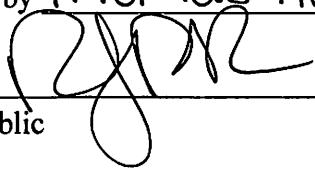
Recipient City, State Zip Ave, MO 65608

Electronic submission douglas.County.pa@prosecutors.mo.gov

THA

Signature of Affiant

SUBSCRIBED AND SWORN TO, OR AFFIRMED, before me on this 9th day of February, 2024 by Thomas Humphrey



Notary Public

(SEAL)

My Commission expires: 11/22/2024

